

Fill in this information to identify the case:

Debtor 1 Bellaire General Hospital L.P.
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Southern District of Texas

Case Number: 05-30089-H3

United States Courts
 Southern District of Texas
 FILED

MAY 15 2020

David J. Bradley, Clerk of Court

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	\$1,397.34
Claimant's Name:	Dilks & Knopik, LLC as assignee to Chriscilda Stephens
Claimant's Current Mailing Address, Telephone Number, and Email Address:	35308 SE Center Street Snoqualmie, WA 98065 425-836-5728 x123 admin@dilksknopik.com

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (*check the statements that apply*):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read Bankruptcy Local Rule 3011-1 and is providing the required supporting documentation with this application.
- ☐ Applicant is a representative of a deceased claimant's estate and is providing documentation demonstrating Applicant's authority to serve as the estate representative.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

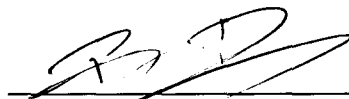
- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Southern District of Texas
1000 Louisiana St., Suite 2300
Houston, TX 77002-5010

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: May 8, 2020



Signature of Applicant
Brian J Dilks – Member
Dilks & Knopik, LLC

35308 SE Center Street
Snoqualmie, WA 98065
428-836-5728 x123
admin@dilksknopik.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone: _____

Email: _____

6. Notarization

STATE OF WASHINGTON

COUNTY OF KING

This Application for Unclaimed Funds, dated May 8, 2020 was subscribed and sworn to before me this 8th day of May, 2020 by Brian J Dilks who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public: 

Matthew Zetley

My commission expires: February 19, 2022

6. Notarization

STATE OF _____

COUNTY OF _____

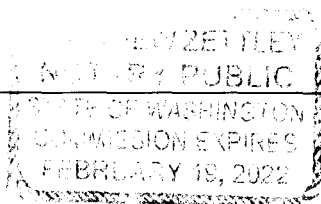
This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this _____ day of _____, 20____ by _____

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires:



CERTIFICATE OF SERVICE

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all required documentation was mailed to:

United States Attorney for Southern District of Texas
1000 Louisiana St., Suite 2300
Houston, TX 77002-5010

Names and addresses of all other parties served:

U.S. Trustee
515 Rusk Ave., Ste 3516
Houston, TX 77002

Debtor
Bellaire General Hospital L.P.
5314 Dashwood
Houston, TX 77081

Debtors Attorney
Michael Leppert
711 Louisiana St Ste 3100
Houston, TX 77002

Trustee
Janet S Casciato-Northrup
1201 Louisiana 28th Floor
Houston, TX 77002

Original Claimant Prior Address
3503 Braewin Court
Houston, TX 77068

Original Claimant Current Address
P.O. Box 625
Porter, TX 77365

Date: May 8, 2020



Brian J Dilks - Member
Dilks & Knopik, LLC
35308 SE Center Street
Snoqualmie, WA 98065